

***Continuing Care at Home (CCaH)  
Statement of Intent***

Date Submitted: \_\_\_\_\_

Sections [10-455](#) and [10-457](#) of the Human Services Article of the Annotated Code of Maryland, as well as COMAR 32.02.02.[03](#), [.04](#), [.05](#), and [.06](#), fully state the requirements for information to be submitted when applying for approval of a feasibility study approval and preliminary certificate of registration. This application signifies part one of the certification process, which is submission of the statement of intent.

An entity that intends to offer continuing care at home agreements shall file a statement of intent with the Department at least 30 days before submission of a feasibility study. If a feasibility study is not filed by the provider within 60 days after the statement of intent is filed, a new statement of intent shall be filed with the Department at least 30 days before submission of a feasibility study.

Please email completed applications or questions to [ccrchousingservices.mdoa@maryland.gov](mailto:ccrchousingservices.mdoa@maryland.gov).

	Name of Provider:	
	Geographic Area(s) of Service:	
	Chief Exec. Officer of the Provider:	
	Street Address (mailing):	
	City/State/Zip Code:	
	Telephone Number:	
	Email Address:	

**The following should be marked as indicated and attached to this application in accordance with COMAR 32.02.02.04:**

- Exhibit A    Whether entrance fees will be refundable or nonrefundable.
- Exhibit B    The types of agreements proposed to generate the required contract reserves.
- Exhibit C    Whether the provider plans to build a facility.
- Exhibit D    Whether the provider is proposed to be for-profit or nonprofit.
- Exhibit E    The name of the management company, if any, that will manage the day-to-day operations.

Exhibit F If applicable, the name of the person proposing to create or finance the provider, the marketing consultant, the provider's attorney, and the preparer of the feasibility study, along with the preparer's qualifications.

Exhibit G A statement indicating whether any proposed comprehensive care beds will need a new certificate of need or a new exemption from the certificate of need requirements of the Maryland Health Care Commission.

**The undersigned attests that the information submitted herein is true and accurate.**

Applicant Attestation:

---

(Signature)

---

(Title)